

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

10

1523172

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6							56						
7		2					57						
8		1					58						
9		1					59						
10							60						
11							61						
12							62						
13							63						
14							64						
15		3					65						
16		1					66						
17		1					67						
18							68						
19							69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
27							77						
28							78						
29		4					79						
30							80						
31							81						
32							82						
33		1					83						
34		1					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	52	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	61						TOTAL CLAIMS						